हैं । मगर ऑनरेबल मेम्बर ने जैसा बतलाया, यह बात सच हैं कि इसमें लागत ज्यादा आती हैं, इसमें जब तक हम लागत ठीक ढंग से नहीं करेंगे, तक स्टेट गवर्नमेट को भी कुछ लिमिटेशसआती हैं । इसलिए उनके सुझाव पर हम सोचेंगे और कोई प्रपोजल जिससे स्टेट गवर्ननेट्स को इस में मदद हो सकती हैं और किसानों को मदद हो सकती हैं, ऐसी नीति इस में हम बनाएंगे ।

SHRI SHARAD ANANTRAO JOSHI: Thank you, Mr. Chairman, Sir. My question relates to the ownership of the land. Sir, the principal reason why the private investment and the public investment in agriculture is lacking, it the uncertainty of ownership...*(Interruptions)*... According to the principle of *eminence juris,* the Government is the owner of the land, and the farmers use the land at the pleasure of the Government. That is the reason why the land can be acquired by the Government any time, and that is the reason why farmers are not prepared to invest in the land. Is the Government considering abolition of the principle of *eminence juris* so that the farmers become the owners of the land?

SHRI SHARAD PAWAR: Sir, for all practical purposes, farmers are the owners. There is no two opinion about that Certainly, issues have been raised, that is correct. But in the Indian system, stilt, the farmer who controls, who owns, has got every right over that land. It is true that the investment in the agricultural sector is coming down day by day, and that is affecting this sector. But the real problem is the fragmentation. You see, the per capita availability of land in the country is day by day going down. In 1990, the per capita land which **was** available per family, was 0.20 hectare. In the year 2000, it has gone down to 0.16 hectare, and in the year 2025, there is an estimate that it will come down to 0.12 hectare.तो परिवार बढ़ता गया, परिवार में डिस्ट्रिब्यूशन हो गया ।

श्री सभापति : पॉपुलेशन बढ़ती गयी ।

श्री शरद पवार : और इस से जमीन कम हो गयी । इस तरह यह सब मामला इकॉनोमिक हो रहा हैं और इस में इनवैस्ट करने की ताकत किसानों की कम हो गयी, यह बात सच हैं ।

Cleanliness in Government Hospitals

*282. SHRI E. M. SUDARSANA NATCHIPPAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any fresh initiatives have been taken by Government to improve the cleanliness level in various Government hospitals where the situation is dismal;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

Maintenance of cleanliness and sanitary conditions in Central Government Hospitals is always a priority with the Government. Initiatives taken to further improve cleanliness levels include:

(1) Outsourcing of cleanliness and sanitary services in Central Government Hospitals in Delhi to private agencies like Sulabh International.

(2) Undertaking special cleanliness drives with extra staff on weekly/ fortnightly basis.

(3) Installing equipment like, incinerators, microwaves, shredders for handling bio-medical waste.

(4) Segregation of hospital waste through different colour coded bags.

(5) infection control committees of the hospitals regularly monitor cleanliness condditions in hospitals.

(6) Cleanliness drive is also monitored in specified areas by designated officers and also by the Medical Superintendents of the Institution concerned.

SHRI E.M. SUDARSANA NATCHIAPPAN: Sir, it is very interesting to note from the reply given by the Minister that if all the 6 initiatives mentioned by the Minister to improve cleaniliness levels are fulfilled, it will lead to an international standardization. I would like to know whether these initiatives would be applicable to the private hospitals also. Is there any initiative taken by the Government to see that all these 6 initiatives are fulfilled in any hospital?

DR. ANBUMANI RAMDOSS: Sir, as I have said earlier, there is a huge load of patients coming to our hospitals in Delhi, and this is in respect of the Central Government Hospitals about which I am talking. For example, the All India Institute of Medical Sciences has about 7,000 patients coming every day to the OPD, the Safdarjung Hospital has about

6,400 patients coming every day from all over the country, and we are trying our best to maintain the standardization and cleanliness. In fact, we have outsourced the cleanliness and sanitation facilities to the private agencies, like Sulabh International. We have a Hospital Monitoring Committee, and we are trying to modernise all that, and we are trying to have more machinery for cleanliness and sanitation. A lot of things are happening, and definitely, much of the sanitation and cleanliness have improved in the last two, three years. But coming to the standards, last year, I had a discussion with literally 50 medical professional bodies, coming from the IMA, IDA, Cardiology and Nephrology. I had called all the associations here. We had one full day discussion. We had discussed three issues. The first was the rural posting of doctors. The second was concerning the medical and dental education, and the third was relating to standardization of hospitals.

श्री सभापति : कृपया जोर से बातचीत न करें ताकि प्रश्न का उत्तर सभी लोग सुन सकें ।

DR. ANBUMANI RAMDOSS: So, now, we are in the process of standardization not only in respect of the Government hospitals, but also in respect of the private hospitals according to the bedding capacity they have. We are going to have parameters fixed for all the hospitals, and we are going to have an optional accreditation facility for all the hospitals. So, this is on the line, and we are into this.

SHRI E.M. SUDARSANA NATCHIAPPAN: Sir, I would like to know whether the National Rural Mission contains this aspect also, especially, when the Primary Health Centres are built up and handed over to the State Governments, the maintenance is very poor. The maintenance of the State hospitals and the district-level hospitals is also very poor. I would like to know whether this aspect has also been taken into consideration in the National Rural Mission.

DR. ANBUMANI RAMDOSS: Sir, in the NRHM, we have the Indian Public Health Standards for the community health centres. We have already brought out a booklet containing the details of what are the parameters fixed, how many doctors, how many paramedical nurses and equipments are required. According to that also, we are giving money to the CHCs. In every district, two CHCs are taking up in the NHRM, and by providing right from ten lakh rupees to, sometimes, even one crore rupees, we are trying to upgrade all the 3,220 CHCs in this country. So, we are

starting with the CHGs and we will be doing it in the district and State hospitals. So, this public health standard is in the NRHCs.

श्री रूद्रनारायण पाणि : सभापति महोदय, प्रश्नकर्ता ने प्रश्न में लिखा हैं-सरकारी अस्पतालों में, जबकि जो उत्तर दिया गया हैं, इसमें लिखा गया हैं-दिल्ली-स्थित केन्द्रीय अस्पताल । अगर देश के केन्द्रीय अस्पताल केन्द्रीय स्वास्थ्य मंत्री के दायरे में आते हैं और यदि एम्स की तर्ज पर देश के भिन्न-भिन्न प्रदेशों की राजधानी में केन्द्रीय अस्पताल स्थापति होते हैं, तो अच्छा लगता हैं । इसलिए इसको सम्मान का प्रश्न न बनाते हुए, देश के छः स्थानों पर एम्स की तर्ज पर केन्द्रीय अस्पताल बनाने की जो घोषणा की गई थी, उसके प्रति मंत्री महोदय का और वर्तमान की केन्द्र सरकार का क्या दृष्टिकोण हैं ? विशेषकर उड़ीसा, जो कि एक गरीब राज्य हैं, वहां भुनवेश्वर में एम्स की प्रतिष्ठा की क्या स्थिति हैं ?

DR. ANBUMANI RAMDOSS: Sir, I have answered this question a number of times. Like I said before, you are the one who is maximum insisting upon starting these institutions as soon as possible. In fact, in the last year-and-a-half, I have been, more than anybody else, wanting these institutions to come up because I want my load in these hospitals of Delhi to be reduced. Most of the patients we get from Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan; that is why, Sir, this project of six new AIIMS-like institutions has not been envisaged in the Tenth Plan. So, there was no planning for these hospitals in the Tenth Plan. The principal and the recurring amount of Rs. 4,200 crores is accruing without the allocation in the Tenth Plan. So, we are trying to get money, and we are mobilising the money; that is not the end stage. We had taken it up with the Cabinet. It was put up to the Committee of Secretaries. We have added some four more States for upgradation, and this is in the final process. In the next few months, we are going to initiate this process and we are going to start this project, Sir.

श्री मूल चन्द मीणा : चेयरमैंन साहब, सफाई और स्वच्छता बहुत ही महत्वपूर्ण विषय हैं । गांवों के अस्पतालों में तो स्थिति जैसी हैं, वैसी हैं, लेकिन मंत्री जी, जो केन्द्रीय सरकार के हॉस्पिटल्स हैं, उनके बारे में आपका जवाब तो रुटीन में लिखने वाला एक आंसर जैसा हैं, जबकि वास्वतिकता कुछ और हैं । दुर्भाग्यवश मुझे आपके सफदरजंग हॉस्पिटल में जाने का मौका मिला और वह भी वहां के बर्न डिपार्टमेंट में । आपने जो छठा प्वायंट दिया कि निर्दिष्ट क्षेत्रों में सफाई अभियान की मानिटरिंग नामोंद्दिष्ट अधिकारियों और संबंधित संस्थाओं के चिकित्सा अधीक्षकों द्वारा भी की जाती हैं । तो आपके ये अधीक्षक आपको गलत रिपोर्ट देते हैं, क्योंकि वहां तो सफाई

के नाम पर कुछ हैं ही नहीं । वहां के बर्न डिपार्टमेंट के अन्दर इतनी गन्दगी हैं कि मरीज इलाज के लिए जाता तों हैं, लेकिन वह ज्यादा बीमार हो जाता हैं । आपके अधीक्षक रिपोर्ट देते हैं, तो आप जांच करिए । ऐसी सफाई जब तक नहीं होगी, प्राईवेट हॉस्पिटल में लोग क्यों जाते हैं, क्योंकि वह सफाई अच्छी मिलती हैं । आपने ये मापदंड जो बताए, यदि ये कागज पर हैं, तो ...(**व्यवधान**)... इनको लागू करिए । ...(**व्यवधान**)...

श्री सभापति : आप प्रश्न करिए, न कि सीधा सफाई करिए । **...(व्यवधान)**...

DR. ANBUMANI RAMDOSS: Which Hospital do you mean?

श्री मूल चन्द मीणा : मैं आपको सफदरजंग अस्पताल के बर्न डिपाईमेंट कें बारे में कह रहा हूं । वहां के हेड ऑफ द डिपाईमेंट का रूम भी देख लें, वह भी कितना गन्दा हैं । ...(**व्यवधान**)...

DR. ANBUMANI RAMDOSS: Sir, I would like to state that Safdarjung Hospital is much, much better than what it was two years ago, and this is a fact because a lot of people...(*Interruptions)*...

श्री मूल चन्द्र मीणा : सर, यह बिल्कुल गलत बात हैं । ...(**व्यवधान**)...

श्री सभापति : आप जवाब सुन लीजिए । ...(**व्यवधान**)... Let him reply **....**(Interruptions)**...** उनको बोलने दीजिए । **...(व्यवधान)**...

श्री मूल चन्द मीणा : क्या आपने कभी वहां के बर्न डिपार्टमेंट को देखा हैं ? ...(**व्यवधान**)...

DR. ANBUMANI RAMDOSS: Sir, it is being.. *(Interruptions)*...

श्री सभापति : आप उनकों बोलने दीजिए । ...(**व्यवधान**)... देखते तो सब हैं **...**(**व्यवधान**)...

DR. ANBUMANI RAMDOSS: Sir, Safdarjung Hospital was used as barracks during the independence struggle, and some of its buildings are still in a dilapidated condition; I accept. In fact, I have stated, in reply to a question asked, I think, two or three weeks ago, that we are having a mega plan of improving the Safdarjung Hospital.

Coming to the Burn Ward, Sir, Safdarjung Hospital's Burn Ward is one of the best in this country. Sir, you know what is the status of burned patients; we have given a lot of amount for upgradation of that Ward. It is one of the best wards. I don't know why and how the Member has found it bad...(Interruptions)...

श्री सभापति : अभी इनको जलने का अनुभव नही हैं । **...(व्यवधान)**... ठीक हैं,ठीक हैं । ...(**व्यवधान**)...

मौलाना ओबैदुल्लाह खान आजमी : चेयरमैन साहब, जिस चीज को माननीय सदस्य ने कहा हैं कि मैं खुद देख के आया हूं, उसके लिए यह जवाब सही नहीं हैं । ...(**व्यवधान**)...

†**مولانا عبیداللہ خان اعظمی:** چیئرمین صاحب، جس چیز کو مانئے سد سے نے کہا ہے کہ میں خود دیکھ کے آیا ہوں، اس کے لئے یہ جواب صحیح نہیں ہے ...مداخلت...

DR. ANBUMANI RAMDOSS: Sir, Safdarjung Hospital took care of all the victims of the recent bomb blasts in Delhi. They were treated very well. We were all prepared for that. This is a country of professional experts. We are keeping on improving the facilities. Definitely, the load in the Government hospitals, particularly, in the Safdarjung Hospital, is the highest in the country. It is our responsibility and we are improving the facilities.

मौलाना ओबैदुल्ला खान आजमी : सर, यह अच्छे इलाज का सवाल नहीं हैं, सफाई का सवाल हैं । मंत्री जी काफी अच्छे इलाज की बात कर रहे हैं, सफाई की बात नहीं कर रहे । ...(**व्यवधान**)...

†**مولانا عبیداللہ خان اعظمی:** سر، یہ اچھے علاج کا سوال نہیں ہے، صفائی کا سوال ہے۔ منتری جی کافی اچھے علاج کی بات کر رہے ہیں، صفائی کی بات نہیں کر رہے ہے...مداخلت...

श्री सभापति : आप बैठिए, बैठिए ।

SHRIMATI N.P. DURGA: Sir, cleanliness should be given the uppermost priority in any hospital since half of the diseases can be cured if the surroundings of the hospitals are neat and tidy. So, my question to the hon. Minister is this. Can he think of including cleanliness, as a component under rural health infrastructure, and providing funds under a separate head, since we have a network of Primary Health Centres, Community Health Centres and Sub-Centres in the country?

DR. ANBUMANI RAMDOSS: Sir, cleanliness and sanitation is a component of the National Rural Health Mission. In respect of sanitation, we are funding all the villages through the Rural Development Ministry. Sir, ASHA will be paid, if she is responsible for building household latrines and urging the head of the household to build a household latrine. Money

†Transliteration of Urdu Script.

is there. In fact, yesterday, in the Cabinet, we have increased the amount for household latrines. Not only drinking water and sanitation but also health, cleanliness and nutrition also are components of the National Rural Health Mission.

श्री दत्ता मेघे : सभापति महोदय, ये जो हॉस्पीटल होते हैं, इन्हें हम मरीजों के लिए बनाते हैं आप साफ-सफाई की बात कर रहे हैं, लेकिन मुम्बई में डॉक्टर लोगों की आज आठ दिन से स्ट्राइक चालू हैं, ये डॉक्टर जो बिना पूछे स्ट्राइक पर जाते हैं, उनके लिए क्या केन्द्र के कोई डॉक्टर हों या जो इमरजेन्सी सर्विसेज हों ताकि मरीज लोगों को तकलीफ न हो, इस दृष्टि से क्या केन्द्र सरकार पूरे राज्यों को कोई आदेश देने वाली हैं ? मुम्बई में आठ दिन से यह पूरे डॉक्टर स्ट्राइक पर हैं, वहां मरीजों की क्या हालत होगी, आप सोचें । वे फुटपाथ पर बैठकर बोलते हैं कि हम उनको एग्जामिन कर रहें हैं । ये जो इस तरह की बातें हमेशा होती हैं, डॉक्टर हो या नर्से हो, ये जो इमरजेन्सी सर्विसेज हैं, वे खंडित न हों, डॉक्टर वहां हों, मरीजों को तकलीफ न हो, इसके लिए क्या केन्द्र सरकार कोई इमरजेन्सी ऐसा कोई आदेश निकाल सकेगी ?

DR. ANBUMANI RAMDOSS: Sir, it is a State issue and the State Government is competent to deal with it.

श्री दत्ता मेघे : सर, स्टेट इश्यू की बात नही हैं ।

श्री सभापति : ठीक हैं, ठीक हैं । नैक्स्ट क्वैश्चन ।

FPI in Nagaland

*283. SHRI T.R. ZELIANG: Will the Minister of FOOD PROCESSING INDUSTRIES be pleased to state:

(a) whether Government have received any proposal to develop and promote food processing industries in Nagaland;

(b) if so, the details of steps taken to implement this proposal; and

(c) if not, what allocation has been made for the State during the last three years?

THE MINISTER OF STATE OF THE MINISTRY OF FOOD PROCESSING INDUSTRIES (SHRI SUBODH KANT SAHAY): (a) to (c) A Statement is laid on the. Table of the House.

Statement

Development of food processing industries is an ongoing process. Several steps have been taken by the Government from time to time for